



## Complete Summary

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### GUIDELINE TITLE

2002 national guideline on the management of molluscum contagiosum.

### BIBLIOGRAPHIC SOURCE(S)

Association for Genitourinary Medicine (AGUM), Medical Society for the Study of Venereal Disease (MSSVD). 2002 national guideline on the management of molluscum contagiosum. London: Association for Genitourinary Medicine (AGUM), Medical Society for the Study of Venereal Disease (MSSVD); 2002. Various p. [8 references]

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## SCOPE

### DISEASE/CONDITION(S)

Molluscum contagiosum

### GUIDELINE CATEGORY

Diagnosis

Evaluation

Management

Treatment

### CLINICAL SPECIALTY

Infectious Diseases

Obstetrics and Gynecology

Urology

## INTENDED USERS

Physicians

## GUIDELINE OBJECTIVE(S)

To present a national guideline on the management of molluscum contagiosum

## TARGET POPULATION

Patients in the United Kingdom with molluscum contagiosum

## INTERVENTIONS AND PRACTICES CONSIDERED

### Assessment/Diagnosis

1. Assessment of clinical features
2. Examination of the core of lesions by electron microscopy

### Management/Treatment

1. General advice
2. A full screen for sexually transmitted infections
3. Human immunodeficiency virus (HIV) testing in patients presenting with facial lesions
4. Cryotherapy
5. Expression of the pearly core, either manually or using forceps
6. Piercing with an orange stick, with or without the application of tincture of iodine, or phenol
7. Curettage or diathermy under local anesthesia
8. Podophyllotoxin cream (0.5%)
9. Imiquimod cream (1%) for use in men
10. In patients with HIV infection, the introduction of highly active antiretroviral therapy
11. Considerations for pregnant and breastfeeding women
12. Need for contact tracing
13. Follow-up

## MAJOR OUTCOMES CONSIDERED

Not stated

## METHODOLOGY

### METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

### DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The guideline developers searched Medline (U.S. National Library of Medicine) for the years 1966-1997 using keywords "molluscum contagiosum", "molluscum contagiosum/dt", and "molluscum contagiosum/th" [dt = drug therapy; th = therapy]. The guideline developers also searched the Cochrane Library databases, but did not identify any items of relevance.

#### NUMBER OF SOURCE DOCUMENTS

Not stated

#### METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

#### RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Levels of Evidence:

##### I a

- Evidence obtained from meta-analysis of randomised controlled trials

##### I b

- Evidence obtained from at least one randomised controlled trial

##### II a

- Evidence obtained from at least one well designed controlled study without randomisation

##### II b

- Evidence obtained from at least one other type of well designed quasi-experimental study

##### III

- Evidence obtained from well designed non-experimental descriptive studies such as comparative studies, correlation studies, and case control studies

##### IV

- Evidence obtained from expert committee reports or opinions and/or clinical experience of respected authorities

#### METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review

## DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

## METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

## DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

The revision process commenced with authors being invited to modify and update their 1999 guidelines. These revised versions were posted on the website for a 3 month period and comments invited. The Clinical Effectiveness Group and the authors concerned considered all suggestions and agreed on any modifications to be made.

## RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Grading of Recommendations:

A (Evidence Levels I a, I b)

- Requires at least one randomised controlled trial as part of the body of literature of overall good quality and consistency addressing the specific recommendation.

B (Evidence Levels II a, II b, III)

- Requires availability of well conducted clinical studies but no randomised clinical trials on the topic of recommendation.

C (Evidence Level IV)

- Requires evidence from expert committee reports or opinions and/or clinical experience of respected authorities.
- Indicates absence of directly applicable studies of good quality.

## COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

## METHOD OF GUIDELINE VALIDATION

External Peer Review  
Internal Peer Review

## DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

The initial versions of the guidelines were sent for review to the following:

- Clinical Effectiveness Group (CEG) members
- Chairs of UK Regional GU Medicine Audit Committees who had responded to an invitation to comment on them
- Chair of the Genitourinary Nurses Association (GUNA)
- President of the Society of Health Advisers in Sexually Transmitted Diseases (SHASTD)
- Clinical Effectiveness Committee of the Faculty of Family Planning and Reproductive Health Care (FFP).

Comments were relayed to the authors and attempts made to reach a consensus on points of contention with ultimate editorial control resting with the Clinical Effectiveness Group. Finally, all the guidelines were ratified by the councils of the two parent societies.

## RECOMMENDATIONS

### MAJOR RECOMMENDATIONS

Definitions of the levels of evidence (I-IV) and grades of recommendation (A-C) are repeated at the end of the "Major Recommendations" field.

#### Diagnosis

- This is usually based on characteristic clinical appearance.
- The core of lesions can be sent for examination by electron microscopy, under which typical poxvirus-like particles will be seen.

#### Management

##### General advice

As the natural history is of spontaneous regression of lesions, treatment is offered for cosmetic reasons only.

##### Further investigation

- As other sexually transmitted infections may co-exist; a full screen for these should be undertaken (Radcliffe, Daniels, & Evans, 1991).
- In patients presenting with facial lesions, consideration should be given to HIV testing (Schwartz & Myskowski, 1992).

#### Treatment

The aim is tissue destruction, with viral demise accompanying this.

##### Recommended regimens

- Cryotherapy - apply the tip until a halo of ice surrounds the lesion. Repeat applications may be necessary (level of evidence IV, grade of recommendation C).
- Expression of the pearly core, either manually or using forceps (IV, C).
- Piercing with an orange stick, with or without the application of tincture of iodine, or phenol (IV, C).
- Curettage or diathermy may be carried out under local anaesthesia (IV, C).
- Podophyllotoxin cream (0.5%) can be self applied in men (Ib, A) (Syed, Lundin, & Ahmad, 1994).
- Imiquimod cream (1%) can be self-applied in men (1b, A) (Syed et al., 1998). Currently unlicensed in the United Kingdom for this indication.

In patients with HIV infection, the introduction of highly active antiretroviral therapy may lead to the resolution of lesions (III, B) (Hicks, Myers, & Giner, 1997; Calista, Boschini, & Landi, 1999).

#### Pregnancy and breast feeding

- Cryotherapy and other, purely mechanical methods of destruction are safe.
- Podophyllotoxin should not be used.

#### Sexual partners

- There is no evidence to indicate a need for contact tracing, unless another sexually transmitted infection is diagnosed.

#### Follow-up

- No specific follow-up is indicated.
- Patients may wish to return for further treatment of lesions

#### Definitions

The following rating scheme was used for major management recommendations.

#### Levels of Evidence

##### I a

- Evidence obtained from meta-analysis of randomised controlled trials

##### I b

- Evidence obtained from at least one randomised controlled trial

##### II a

- Evidence obtained from at least one well designed controlled study without randomisation

## II b

- Evidence obtained from at least one other type of well designed quasi-experimental study

## III

- Evidence obtained from well designed non-experimental descriptive studies such as comparative studies, correlation studies, and case control studies

## IV

- Evidence obtained from expert committee reports or opinions and/or clinical experience of respected authorities

### Grading of recommendations

#### A (Evidence levels Ia, Ib)

- Requires at least one randomised controlled trial as part of the body of literature of overall good quality and consistency addressing the specific recommendation.

#### B (Evidence levels IIa, IIb, III)

- Requires availability of well conducted clinical studies but no randomised clinical trials on the topic of recommendation.

#### C (Evidence level IV)

- Requires evidence from expert committee reports or opinions and/or clinical experience of respected authorities.
- Indicates absence of directly applicable studies of good quality.

### CLINICAL ALGORITHM(S)

None provided

## EVIDENCE SUPPORTING THE RECOMMENDATIONS

### REFERENCES SUPPORTING THE RECOMMENDATIONS

[References open in a new window](#)

### TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

Only one controlled trial on the use of podophyllotoxin and one controlled trial on the use of imiquimod were found. The type of supporting evidence is graded and identified for select recommendations (see "Major Recommendations").

## BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

### POTENTIAL BENEFITS

Appropriate diagnosis, treatment and management of patients with molluscum contagiosum

### POTENTIAL HARMS

Not stated

## CONTRAINDICATIONS

### CONTRAINDICATIONS

Podophyllotoxin is contraindicated in women who are pregnant or breastfeeding.

## QUALIFYING STATEMENTS

### QUALIFYING STATEMENTS

Although recommended, imiquimod cream is currently unlicensed for this indication in the United Kingdom.

## IMPLEMENTATION OF THE GUIDELINE

### DESCRIPTION OF IMPLEMENTATION STRATEGY

The Clinical Effectiveness Group reminds the reader that guidelines in themselves are of no use unless they are implemented systematically. The following auditable outcome measure is provided:

- Number of patient attendances to achieve resolution

## INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

### IOM CARE NEED

Getting Better

### IOM DOMAIN

Effectiveness



## IDENTIFYING INFORMATION AND AVAILABILITY

### BIBLIOGRAPHIC SOURCE(S)

Association for Genitourinary Medicine (AGUM), Medical Society for the Study of Venereal Disease (MSSVD). 2002 national guideline on the management of molluscum contagiosum. London: Association for Genitourinary Medicine (AGUM), Medical Society for the Study of Venereal Disease (MSSVD); 2002. Various p. [8 references]

### ADAPTATION

Not applicable: The guideline was not adapted from another source.

### DATE RELEASED

1999 Aug (revised 2002)

### GUIDELINE DEVELOPER(S)

British Association of Sexual Health and HIV - Medical Specialty Society

### SOURCE(S) OF FUNDING

Not stated

### GUIDELINE COMMITTEE

Clinical Effectiveness Group (CEG)

### COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Author: Gordon Scott.

Clinical Effectiveness Group (CEG) Members: Keith Radcliffe (Chairman); Imtyaz Ahmed-Jushuf; Jan Welch; Mark FitzGerald; Janet Wilson

### FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Conflict of Interest: None

### GUIDELINE STATUS

This is the current release of the guideline. This guideline updates a previously released version.

An update is not in progress at this time.

### GUIDELINE AVAILABILITY

Electronic copies: Available in HTML format from the [Association for Genitourinary Medicine \(AGUM\) Web site](#). Also available in Portable Document Format (PDF) from the [Medical Society for the Study of Venereal Diseases \(MSSVD\) Web site](#).

#### AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- UK national guidelines on sexually transmitted infections and closely related conditions. Introduction. Sex Transm Infect 1999 Aug; 75(Suppl 1): S2-3.

Electronic copies: Available in Portable Document Format (PDF) from the [Medical Society for the Study of Venereal Diseases \(MSSVD\) Web site](#).

The following is also available:

- Revised UK national guidelines on sexually transmitted infections and closely related conditions 2002. Sex Transm Infect 2002; 78: 81-2

Print copies: For further information, please contact the journal publisher, [BMJ Publishing Group](#).

#### PATIENT RESOURCES

None available

#### NGC STATUS

This summary was completed by ECRI on December 8, 2000. The information was verified by the guideline developer on January 12, 2001. This summary was updated on August 5, 2002.

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